



City of York Education Committee

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year Ended 31st December, 1953

Alderman R. SCRUTON,
Chairman

H. OLDMAN,
Chief Education Officer

School Clinic,
Rougier Street,
York



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Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my report on the work of the School Health Service and School Dental Service for 1953.

GENERAL PHYSIQUE.

The health and physique of York schoolchildren have been maintained, but it is regrettable to note that 7 new cases of tuberculosis in children of school age were notified during the year, and that of the 5 deaths of schoolchildren, 3 were due to accidents and must, therefore, be regarded as preventable.

TUBERCULOSIS.

The incidence of tuberculosis is not unduly high when compared with the incidence for the country as a whole, but we are unable to accept with equanimity any tuberculosis in schoolchildren which might have been prevented.

A tuberculin survey of school entrants was carried out during the Autumn Term, details of which are included in the body of the report. The Authority also received with pleasure the joint circular of the Ministries of Health and Education extending the use of B.C.G. vaccination to the school leaving age group.

CO-ORDINATION OF NURSING SERVICES.

The Queen's Institute of District Nursing invited York to take part in an experiment appointing all-purpose domiciliary nurses in certain urban areas. This is already the practice in many rural areas where District Nursing, Health Visiting and School Nursing are undertaken by the same nurse. In view of the fact that a Working Party on the Training and Duties of Health Visitors had already been appointed by the Minister, however, it was agreed that the time was not opportune. Nevertheless, the need for an integrated Health Visiting and School Nursing Service rather than two separate services is becoming steadily more widely recognised. The days when the School Medical Service dealt mainly with dirt diseases and hygiene in its narrowest sense are past. The two greatest problems today are probably the control of the spread of infection, and the mental health of the child in its widest sense. Both can only be tackled by a service which is not limited to the care of the child in school, or to the care of the school child. The Health Visitor-School Nurse who is responsible for the child whether of school age or under school age, must be the key medico-social worker.

This need for an integrated service was repeatedly emphasised in the Report of the Expert Committee on School Health Services, appointed by the World Health Organisation—"Treatment of many health conditions of children needs to be approached on a family basis, or the problem is likely to recur all too soon". — "Sound relationships between the school health team and the family and the community will be furthered when the nurse serving the school serves also the general health needs of the community." — "Health

services for children of school age cannot be isolated from community health care in general; this is particularly true of maternal and child health activities.” —“An example of effective planning is found in the integration of school health services with other services such as those for infants and pre-school children. Effective supervision of growth and development demands continuity.”

SCHOOL DENTAL SERVICE.

The School Dental Service was handicapped by shortage of staff during the year. The position is now easier, however, and although our establishment is below accepted standards, it should be possible with the help of the general dental practitioners to show an improvement in the standard of dental fitness in our schools. We are grateful for the co-operation received from the profession generally during the year.

To the staff of the School Health and Dental Departments, to the Chairman and Members of the Education Committee, the Chief Education Officer and to all without whose continued support the work of the School Health Services could not have been maintained, I tender my sincere thanks.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

C. B. CRANE,

*Principal School Medical Officer and
Medical Officer of Health.*

THE EDUCATION COMMITTEE

Chairman :

Mr. Alderman R. Scruton, J.P.

Vice-Chairman :

Mr. Alderman G. S. Bellerby.

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(Alderman Charles Oliver, J.P.).

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M.A.

Rev. Fr. P. McAniff.

Chief Education Officer :

H. Oldman, M.A.

Deputy Education Officer :

E. E. Sharpe, M.A.

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the

YEAR ENDED 31st DECEMBER, 1953.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1953

Medical Officer of Health and Principal School Medical Officer:

Miss C. B. Crane, M.B., B.S., D.P.H.

Senior Assistant School Medical Officer:

F. B. Shevlin, M.B., Ch.B.

Assistant School Medical Officers:

Miss L. J. Letty, M.B., B.S., D.C.H. (ceased temporary duty 5.9.53).

Miss N. M. Durcan, M.B., B.Ch., B.A.O. (returned to duty 7.9.53).

J. S. Robertson, M.B., Ch.B., M.R.C.S., L.R.C.P.

Ophthalmic Consultant:

J. Magnus, M.D., F.R.C.S. (Ed.), D.O.M.S.

Orthopædic Consultant:

H. L. Crockatt, M.B., Ch.B. (Surgical Superintendent, The Adela Shaw
Orthopædic Hospital, Kirbymoorside).

Principal School Dental Officer:

G. Turner, L.D.S.

Assistant Dental Officer:

Mrs. M. B. Barnitt, L.D.S. (Part-time).

School Nursing Sisters:

Mrs. S. Dalton, S.R.N., S.C.M.

Miss E. Stoddart, S.R.N., S.C.M.

Miss M. Chetwynd, S.R.N.

Miss D. A. Nairn, S.R.N., H.V.C.

Mrs. L. Reynolds, S.R.N.

School Nursing Sister in charge of Orthopædics:

Miss B. M. Hall, S.R.N., S.C.M. (Orthopædic certificate).

Dental Surgery Assistants:—

Miss R. E. Glew (Dental Nurses' Certificate).

Miss A. Pearson.

Speech Therapist:

Miss B. Z. Black, L.C.S.T.

Organisers of Physical Training:

Miss O. M. Smith.

Mr. G. Rees.

Chief Clerk:

Miss D. Blaker.

General Clerks:

Miss M. Sowray.

Miss H. F. Milburn.

Miss C. M. Lonsdale.

Miss M. H. West.

Clerical Assistants to Medical Officers:—

Miss B. Ashford (resigned 31.8.53).

Miss S. S. D. Starr (commenced 1.1.53).

Mrs. E. E. Hedinburgh (commenced 9.9.53).

STAFF OF CHILD GUIDANCE CLINIC.

Psychiatrist:

Dr. Irene Turgel, M.D.

Psychologist:

Miss E. M. Johns, M.A., A.R.C.M., C.T.

Psychiatric Social Worker:

Miss M. Monkley (commenced 1.1.53).

Secretary:

Mrs. W. Howe.

GENERAL

Co-operation with the Hospital Authorities.

(a) *Ear, Nose and Throat Consultations.*

The delay between asking for an out-patient appointment, and the child seeing a consultant, is now only 1-2 weeks, and the subsequent delay before admission to hospital, 6 weeks. Urgent cases can be seen or admitted immediately by communicating directly with the consultant.

(b) *Child Guidance Clinic.*

The York Child Guidance Clinic is staffed by the Local Education Authority. All staff are employed by the Education Authority, but pending a decision concerning permanent arrangements the Regional Board reimburse the salary of the Psychiatrist to the Education Authority.

(c) *Testing for Colour-blindness.*

The Hospital Management Committee have now installed a lantern for the further testing of children found to have defective colour vision when tested in school by the Ishihara Test. There is reciprocal exchange of information between the School Clinic and the Hospital, and where necessary information is sent to the Youth Employment Bureau.

(d) *Replacement of Spectacles.*

No claim for repayment in respect of schoolchildren's broken or lost spectacles, has been made during the year by the Hospital Management Committee. We are grateful for the liberal interpretation of the regulations by that Committee.

(e) *Comparison of Number of Children Referred.*

The number of hospital reports received in respect of York schoolchildren was 1,865 compared with 1,983 the previous year. The 1948 figure was 2,576, which was the last year in which the Local Education Authority paid for children treated on the basis of reports received.

Co-operation with General Practitioners.

The family doctor is notified of all cases where the School Medical Officer is of the opinion that hospital investigation or treatment is necessary. A hospital appointment is made if the family doctor does not state that he wishes to see the child first, and the parents are informed accordingly. Out of 277 doctors notified, four asked for the child to be referred to them first. Three general practitioners have requested that every child on their panel be automatically referred to them to arrange for investigations and treatments, and this has been done. The Senior Assistant School Medical Officer met the Local Medical Committee early in the year to discuss medical certificates issued in respect of schoolchildren. The meeting was most helpful.

B.C.G. Vaccination.

Nineteen susceptible child contacts of cases of pulmonary tuberculosis have been vaccinated by the Chest Physician during the year. The Education Committee have considered the Ministry of Health and Ministry of Education Circular 22/53 concerning the B.C.G. vaccination of school-leavers and accepted the recommendations in principle. The Health Committee are to examine the proposal in detail and submit a scheme for consideration.

Courses Attended.

Dr. J. S. Robertson attended a three weeks Course on Educationally Subnormal Children and Mental Defectives organised by the Association for Mental Health in conjunction with the University of London, in October, 1953. Dr. F. B. Shevlin attended a two-day Course on Epilepsy organised by the British Epilepsy Association at Holly Royde Residential College, Manchester, at the end of October.

Recruitment of Staff.

Recruitment has been easier during the year, and there is now a complete staff of three full-time medical officers—the first time for some years. Only one of the School Nursing Sisters has her Health Visitor's Certificate, but it is hoped that the additional Sister to be appointed in the next financial year will have this qualification.

School Health Service and Private Schools.

There are at present no arrangements under Section 78 of the Education Act, 1944, whereby the School Health Service provides medical inspection and treatment to pupils in independent schools in the City.

Visits by Ministry Officials.

During the year we were visited by Dr. Weaver, Regional Medical Officer of the Ministry of Education, re the Open Air School; Dr. Huss inspected the Class for Partially-sighted; and Drs. Bransby and Berry, of the Ministry of Health, conducted a pilot survey of enuresis in children between 3 and 18 years of age.

HEALTH EDUCATION

Each mother at the first school medical inspection is given a copy of the leaflet "Children's Shoes". It is hoped, by this means, that many of the minor deformities of the feet which develop during school life, such as hallux valgus, bent toes, etc., will be prevented.

HYGIENE IN SCHOOLS

The Authority has taken full advantage of the limited allocation of money for minor improvements allowed by the Ministry of Education. Additional washbasins and hot water have been provided at Haxby Road, Park Grove

and Shipton Street Primary Schools, and hot water to the existing washbasins at Tang Hall Primary School.

Sanitary accommodation for the teaching staff at Shipton Street Primary School was improved.

£5,000 has been allocated for the replacement of school furniture.

SCHOOL ATTENDANCE

The number of children on the registers continues to increase.

Figures for the last eight years are as follows :—

1946	1947	1948	1949	1950	1951	1952	1953
13,812	14,978	15,255	15,624	15,779	15,896	16,253	16,638

In addition to the Primary and Secondary Schools, the School Health Service carries out medical inspections in the Grammar Schools, the Bar Convent School (Direct Grant), the School of Art, the Technical College, and the two Special Day Schools, bringing the total number of children under supervision to over 17,000. Admissions of children under five continue to be restricted in certain schools. In 1953 there were 382 children under the age of five attending York schools. The percentage attendance of children over five was 92%, and children under five 83%.

MEDICAL INSPECTION

Medical Inspection has been carried out on the same age groups as in previous years, viz. :—

- (a) Entrants to the Infant Departments (usually about 5 years).
- (b) Entrants to the Junior Departments (usually about 8 years).
- (c) Leavers from the Junior Departments (usually about 11 years).
- (d) Leavers from the Secondary Departments (usually about 14 years).

The number of defects discovered among the eight year old group justifies this extra inspection. Most children of this age have had the common infectious diseases, and it is important to look for untreated sequelae. Special inspections have also been made at the request of parent, teacher or school nursing sister of any children thought not to be in good health. Children with defects found at previous inspections have been re-inspected to see if the defects have been remedied.

During the year 7,327 children were inspected compared with 6,738 in the previous year. The number of special inspections was 6,341, and the number of re-inspections 3,506. Twenty is the maximum number of children who can be satisfactorily examined in a session of two hours.

GENERAL CONDITION

Although the percentages of schoolchildren assessed as being in excellent and satisfactory condition show some variation from previous years, the percentage shown as being in poor condition has declined. The figures reveal that less than one child in fifty is now thought to be unsatisfactory as regards

its health or physique. The percentages for the past three years are as follows :—

	<i>Category.</i>			1951.	1952.	1953.
A	(Excellent)	...	...	46.7%	46.6%	27.2%
B	(Satisfactory)		...	50.5%	50.6%	70.8%
C	(Poor)	...	...	2.8%	2.8%	2.0%

AVERAGE HEIGHTS AND WEIGHTS

The average heights and weights of boys and girls in the primary and secondary schools approximate to those of last year, with the exception of the 11 year old girls and 14 year old boys, the average weight of the former showing a decrease, and of the latter an increase.

In the Grammar Schools the girls of the 13 year old group show an increase in weight, whilst the boys of both the 13 and 15 year old groups show decreases. The average heights approximate to those of recent years.

AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN ATTENDING
PRIMARY AND SECONDARY MODERN SCHOOLS, 1953

BOYS						GIRLS					
Age	Number Examined	Average Height		Average Weight		Number Examined	Average Height		Average Weight		
3	1	Ft. 3	Ins. 5.25	St. 2	lbs. 9.75	2	Ft. 3	Ins. 3.75	St. 2	lbs. 9.12	
4	143	3	5.36	2	11.60	145	3	4.91	2	10.52	
5	743	3	7.33	3	0.93	698	3	6.82	2	13.33	
6	164	3	9.00	3	4.42	134	3	8.92	3	3.44	
7	50	4	0.31	3	9.81	46	3	11.53	3	8.84	
8	651	4	1.88	4	2.07	672	4	1.55	4	0.85	
9	86	4	3.25	4	3.94	66	4	2.50	4	4.81	
10	313	4	5.80	5	0.55	325	4	5.84	4	13.51	
11	468	4	7.21	5	3.98	363	4	7.34	5	3.35	
12	22	4	7.71	5	7.39	22	4	9.06	5	9.18	
13	43	5	0.40	6	6.05	19	4	11.38	6	3.71	
14	464	5	2.18	7	8.23	449	5	1.68	7	9.48	
15	97	5	2.52	7	10.62	85	5	2.09	8	0.30	
16	1	5	1.75	7	0.00	—	—	—	—	—	

AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN ATTENDING
GRAMMAR SCHOOLS, 1953

BOYS						GIRLS					
Age	Number Examined	Average Height		Average Weight		Number Examined	Average Height		Average Weight		
		Ft.	Ins.	St.	lbs.		Ft.	Ins.	St.	lbs.	
10	2	4	9.50	6	0.00	—	—	—	—	—	
11	39	4	8.40	5	5.72	18	4	10.35	6	5.44	
12	19	4	10.83	6	4.53	51	4	11.75	6	10.07	
13	161	5	1.00	7	0.34	139	5	2.01	7	10.87	
14	18	5	4.72	8	1.40	51	5	3.15	8	6.82	
15	182	5	5.81	8	11.45	171	5	3.51	8	8.85	
16	37	5	6.42	9	0.07	38	5	3.21	8	12.66	
17	52	5	8.81	10	0.55	71	5	4.17	8	12.27	
18	—	—	—	—	—	3	5	4.92	9	9.83	
19	—	—	—	—	—	—	—	—	—	—	

FINDINGS OF MEDICAL INSPECTIONS IN ALL SCHOOLS

During the year 7,327 children have had periodic medical inspections. This includes 2,126 entrants to and 1,516 leavers from primary schools, 1,153 leavers from secondary schools, and 2,527 at other ages, the majority being eight year olds.

21.7% of children were found with defects requiring treatment excluding dental defects and infestation. Amongst the eight year olds the percentage was 22.7%.

VISION

The distant vision of each child is tested at medical inspections. Those who are too young to co-operate are tested the following year. The near vision is tested during the last year at the primary school when the child can read. During the year 4.5% of those examined were found to need ophthalmic treatment, whilst another 8.1% had already received such treatment. A further 1.4% were found with squints, bringing the total percentage of children needing ophthalmic care to 14.0% (14.3% last year).

SQUINTS

Of 107 children found with squints, 51 were entrants to the primary schools. All except 2 had already been referred to an ophthalmologist by the Infant Welfare Department or by their family doctor.

EXTERNAL EYE DISEASES

65 children were found with external eye diseases, 40 of whom needed treatment; 30 were suffering from mild blepharitis.

DEFECTIVE COLOUR VISION

45 children were found, when tested by the Ishihara Test, to have some degree of colour blindness. They were referred to the Ophthalmic Department of the hospital for further testing by the Edridge-Green Lantern.

EAR DISEASE AND DEAFNESS

Of 540 children found with ear trouble, 57 with middle ear disease and 74 with deafness were requiring treatment. Of 174 requiring observation, 91 were for old middle ear disease and 83 for deafness. 209 children had wax in their ears.

AUDIOMETRIC TESTING

81 boys and 75 girls were tested at two Secondary Modern Schools with a Western Electric Audiometer (Group Testing). 7 boys and 3 girls (6.4%) were found to have defective hearing after retesting. The causes of the deafness were eustachian catarrh, chronic suppurative otitis media and wax. Two children who failed to reach the required standard, but in whose case no ear defect was discovered, were found to be dull, one having an I.Q. of 66.

TONSILS AND ADENOIDS

412 children were seen at school medical inspections with enlarged tonsils or adenoids or both. Only 93 of these were thought to need operative treatment, i.e., 1.3% of those inspected during the year.

Reports have been received from hospital showing that 426 children had their tonsils and adenoids removed in the same period. At the end of the year there were 252 on the waiting list, approximately 15 to 20 names are added each week, and 16 children are admitted for operation.

ENLARGED CERVICAL GLANDS

326 children were found to have enlarged neck glands, 9 needing specialist treatment.

ENURESIS

103 children were stated by their parents to be bed-wetters—64 boys and 39 girls. 12 of these were from senior departments. 2.5% of the entrants to primary schools were said to be enuretics. There is reason to believe that the real percentage is much higher.

SPEECH

8 of the 26 children found with speech defects requiring treatment were stammerers; the other 18 had defective articulation of varying types. 69 other children needed observation.

RHEUMATISM

No children were found at school medical inspections with rheumatism. Of 7 medical certificates received during the year for children absent with rheumatism, only 2 had rheumatic fever. No reports were received from hospital relating to children suffering from acute rheumatism.

HEART DISEASE

12 children with heart murmurs were referred to hospital for further investigation. In 7 cases there was no organic disease. Of the other 5, 2 had interventricular septal defect, 2 had uncomplicated pulmonary stenosis, and 1 had a patent ductus. 4 other children with organic disease of the heart were seen but these were already under supervision.

DISEASES OF THE LUNGS

67 of the 439 children found with diseases of the lungs were requiring treatment—31 had bronchitis and 3 asthma. 66 children suffering from asthma were seen at school medical inspections; 4 had bronchiectasis. The majority had bronchial colds or slight catarrh.

ORTHOPÆDIC DEFECTS

1,003 children were found with orthopædic defects, only 268 of whom needed treatment. The commonest deformities were flat foot (259), postural defects (202), knock-knee mostly of a mild degree (184), hallux valgus (76), valgus deformity of the ankle (58), and deformed toes (45).

DEVELOPMENTAL DEFECTS

Of 442 children found with developmental defects, 89 had undescended testicles, 50 were obese, 53 had phimosis, 45 had defective colour vision, 12 nævi, and 105 herniæ. 45 hernia cases and 47 other cases needed treatment.

PSYCHOLOGICAL DEFECTS

506 children (6.9%) of those examined showed signs of some slight psychological disturbance. 222 were nail biters, 103 were enuretic, 73 were classed as nervous children (afraid of the dark, etc.) and 22 were thumb suckers.

TUBERCULOSIS

One child with tuberculosis of the knee, and another with tuberculosis of the knee and spine were seen at school, but they were both already under supervision and receiving treatment. In the school attached to Fairfield Sanatorium, 11 children with lung disease were examined.

During the year 7 cases of tuberculosis amongst schoolchildren were notified as follows:—

Lungs—3 males and 1 female.

Cervical Adenitis—2 males.

Knee—1 female.

19 schoolchildren received B.C.G. Vaccination.

TUBERCULIN SURVEY OF SCHOOL ENTRANTS

901 parents were circularised at the beginning of the Autumn Term and asked if they would agree to their children being tuberculin tested to see whether they had been in contact with an open case of tubercle.

There was an acceptance rate of 97% and 877 children were tested in 28 schools. Of the 877 children tested, 52 gave positive reactions, and a further 16 were doubtful. The doubtfuls proved negative on retesting, leaving a positive tuberculin rate of 5.9%.

Of the 52 positives, 11 were already known to the Health Department as having had B.C.G. vaccination, so that a positive reaction was expected. One further case was known to have converted following contact with an open case without vaccination.

38 of the remaining 40 children have attended for X-ray examination of the chest, and of these, 5 showed evidence of old calcification suggesting a healed lesion, and 4 are to be re X-rayed later.

A total of 82 adult contacts have attended for X-ray, but no unknown cases of tubercle in adults have been discovered. The response of contacts to invitations to attend for X-ray has been the poorest response of the investigation. 17 who were given appointments for the Mass Radiography Unit did not attend, in the case of 7 children no contacts attended, and in other cases the number examined varied from 1-7 per child.

As this is the first Tuberculin Survey which has been undertaken in the City, it must be regarded largely as a pilot study, and examined critically to determine the value of the findings. It has shown minor points of procedure in the schools which will be altered in subsequent surveys, and that the method of approach to adult contacts who are asked to attend for examination must be varied.

SCABIES

For the second year in succession no case of scabies has been seen at school medical inspections and no case has been treated at the cleansing centre.

SKIN DISEASES

601 children were found with skin diseases. The commonest conditions being epidermophytosis 159, warts 72, acne vulgaris 53, urticaria 52, eczema 34, ichthyosis 32, and verrucæ 25.

No case of ringworm of the scalp or body was discovered at school, and only 7 cases of impetigo.

The incidence of athlete's foot (epidermophytosis) is still too high, particularly in senior departments. During the year the Education Committee agreed "that schools be advised that, wherever possible, the use of the same pair of shoes by more than one child be avoided, and that where this is not easily possible, shoes must not be shared unless the children concerned are also wearing socks".

VACCINATION AND IMMUNISATION

42.6% of the children seen at school medical inspections showed vaccination marks and 75.5% were reported to be immunised against diphtheria.

The percentages in age groups were :—

		<i>Vaccination.</i>	<i>Immunisation.</i>
Entrants to Primary Schools	...	42.0%	71.6%
Eight year olds	... ..	47.9%	76.7%
Leavers from Primary Schools	...	39.9%	75.2%
Leavers from Secondary Schools	...	37.7%	70.0%
Pupils at Grammar Schools	...	45.5%	88.2%

PARENTS OR GUARDIANS PRESENT

62.9% of parents or guardians attended the school medical inspection of their children during the year.

The percentages in age groups were :—

Entrants to Primary Schools ...	...	...	89.6%
Eight year olds ...	...	...	83.1%
Leavers from Primary Schools ...	...	...	69.6%
Leavers from Secondary Schools ...	...	...	19.8%
Pupils at Grammar Schools ...	...	...	18.3%

ST. PAUL'S NURSERY SCHOOL

There are 40 places for children age 2—5 for which there is a good demand. Dinner and tea are provided at school, and vitamin supplements. The children have a midday rest on their beds. A school medical officer and a school nursing sister visit frequently and a school medical inspection takes place every term. This is the only Nursery School in the City but there is a nursery class in one of the Infant Schools.

UNCLEANLINESS AND VERMINOUS CONDITIONS

The percentage of children classed as verminous continues to decline. A high assessment standard is maintained, as if only one nit is found, the child is classed as verminous. 393 children compared with 409 in 1952 were found to be infested, *i.e.*, 2.6% of the school population.

A small number of families act as a constant source of infection, and despite free issues of D.D.T. Emulsion and free cleansing, are never clear of infestation for long. The following figures illustrate the preponderance of infestation among children in their "permanently verminous" homes :—

		<i>Girls.</i>	<i>Boys.</i>
Verminous once ...	...	147	36
„ twice or three times ...	...	142	21
„ four or five times ...	...	33	2
„ six or seven times ...	...	9	1
„ eight or nine times ...	...	2	—
		<hr/>	<hr/>
Total ...		333	60
		<hr/>	<hr/>

THE OPEN AIR SCHOOL

I am indebted to Dr. N. M. Durcan, Assistant School Medical Officer, who is responsible for the medical care of the children at the school, for the following report :—

The Open Air School is a day school where children who by reason of poor general health, specific infection or physical handicap, are educated in a healthy environment by means of a special regime. There is accommodation for approximately 100 pupils, together with a special class for partially sighted children.

Children are transferred from ordinary schools on the recommendation of the School Medical Officer or family doctor, the duration of stay varying according to the condition of the child.

While at the Open Air School all children are kept under medical supervision and given any necessary treatment. A school nurse visits twice weekly to take minor ailment clinics, and the School Medical Officer attends twice weekly. Children are weighed and measured at frequent intervals and examined once a term or more often as necessary. During the Winter months ultra-violet irradiation treatments are given twice weekly.

The main problem at the Open Air School is to secure an effective compromise between attention to the child's physical and mental well-being, and attention to his educational needs.

As most of the children are debilitated, special attention is given to nutrition, rest and fresh air. Dinner and tea are provided, also vitamin supplement. In addition each child is encouraged to drink two-thirds of a pint of milk during the school day. Rest periods, during which the children lie on stretcher beds for 45 minutes, are held each day. Children are conveyed to and from the school by special bus, and classes are held out of doors whenever possible. In Winter, gardening and games are held in the open air.

By limiting the size of classes the teacher can give more individual attention to each child, and this, together with the absence of the competitive element, produces a favourable educational environment for children who may be backward owing to previous irregular school attendance. A well marked tendency noted at the school is an increase in mental well-being and a decrease in emotional disturbance.

The groups which derive most benefit are those of bronchitis and general debility, who also show some retardation in growth due to various and repeated minor illnesses or malnutrition. These children derive so much benefit that the majority of them return to ordinary schools and are no longer classed as delicate. In spite of unsatisfactory premises the Open Air School continues to serve a most useful purpose and is of real value for delicate children.

During 1953 the number of children attending rose from 80 in January to 99 in December.

<i>Types of Case</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Bronchiectasis	5	3	8
Asthma	9	2	11
Other Chronic Respiratory Infections	12	11	23
Heart Disease	1	2	3
Tuberculous Joints	3	2	5
Other Physically Handicapped			
Children	4	6	10
General Debility	33	25	58

The term General Debility included the following :—

1. Convalescents from debilitating infections.
2. Children suffering from malnutrition.
3. Delicate, immature and maladjusted children.

CLASS FOR THE PARTIALLY-SIGHTED

This class is accommodated in the Open Air School. The 4 boys and 2 girls who attend have the benefit of special illumination, and furniture as well as the mounted, adjustable lenses, referred to in previous reports, which enable the senior children to use ordinary text books without further detriment to their vision. They receive an ophthalmic examination once a year or more often if necessary. These children are now on the register of partially-sighted, so that supervision will be continued by the Welfare Authority after they leave school. The attention of the local Consultant Ophthalmologists has been drawn to the benefits to be derived from sending partially-sighted children to this class, as referrals have been very few over recent years.

FULFORD ROAD SPECIAL SCHOOL (E.S.N.)

The number of children at this school at the end of the year was 98 (53 boys and 45 girls), including 14 North Riding children and 1 West Riding child. 8 boys and 7 girls were admitted during the year and 9 boys and 8 girls discharged.

The number of notifications to the Local Authority during 1953 totalled 19, of which 11 were under Sub-section 3, para. 57, of the Education Act, 1944, and 8 under Sub-section 5.

HANDICAPPED CHILDREN

December, 1953

Blind. 1 girl and 1 boy were in residential schools because of blindness associated with other defects. 1 girl was awaiting admission.

Partially-sighted. There were no children in residential schools, but 4 boys and 2 girls in the Day Class for the Partially-sighted.

Deaf. There were 5 boys and 5 girls in residential schools and none waiting for admission.

Partially deaf. There were no children in residential schools and none waiting for admission, but 5 boys and 2 girls attend ordinary schools and use hearing aids.

Delicate. There were 54 boys and 45 girls, including 4 children from the North Riding and 1 child from the East Riding, at the Day Open Air School at the end of the year. There were 6 children waiting for admission.

Diabetics. 4 girls and 2 boys with diabetes attend ordinary schools. There were no children with this complaint at residential schools.

Educationally subnormal. 53 boys and 45 girls, including 14 from the North Riding and 1 from the West Riding, were in attendance at the Day Special School (E.S.N.) at the end of the year. In addition 5 boys and 1 girl were in residential schools. There were no children awaiting admission to residential schools, but 3 were waiting for admission to the Day Special School (E.S.N.).

Epileptics. 18 girls and 19 boys with epilepsy attended day schools in York. 5 were at the Open Air School; 1 at the E.S.N. School; the remainder at ordinary schools. There were no epileptic children in residential schools and only one waiting for admission.

Maladjusted. There were 4 boys in residential schools for maladjusted children. There are no children waiting for admission.

Physically handicapped. There were 2 boys and 3 girls in residential schools in December and 1 boy awaiting admission. 1 boy with a cerebral tumour was excluded from school but being kept under supervision.

Defective speech. 128 children attended the York Speech Therapy Clinic during the year. There are no children at residential schools, and none awaiting admission.

INFECTIOUS DISEASES

The following table shows the monthly incidence of infectious diseases of children attending York Schools during 1953, with comparative totals for the previous four years.

Month	Diph- theria	Scarlet Fever	German Measles	Measles	Chicken- pox	Whoop- ing Cough	Mumps
January ...	—	28	16	103	27	37	1
February ...	—	13	22	32	8	36	—
March ...	—	16	65	20	5	17	—
April ...	—	34	36	13	3	10	—
May ...	—	43	43	8	7	4	1
June ...	—	14	16	2	5	2	2
July ...	—	25	4	—	—	—	—
August ...	—	17	3	1	—	—	—
September ...	—	22	5	—	—	—	2
October ...	—	21	1	—	2	—	2
November ...	—	12	2	2	28	—	4
December ...	—	—	—	—	9	1	3
Total, 1953	—	202	213	181	94	107	15
„ 1952	—	199	84	1111	197	182	287
„ 1951	—	179	1	801	132	467	41
„ 1950	—	215	6	1485	111	238	33
„ 1949	3	177	4	1154	106	386	2

MASS RADIOGRAPHY SURVEY

1,731 school leavers and 284 teachers attended the Mass Radiography Unit during the year. 17 pupils and 4 teachers were recalled for further films. 3 pupils were found with abnormalities: 1 with inactive tuberculosis of the chest and 2 with other abnormalities of the chest. No defects were found in the case of the teachers attending.

PHYSICAL TRAINING IN SCHOOLS

I am indebted to Miss O. M. Smith and Mr. G. Rees, Organisers of Physical Education, for the following reports:—

Report on Remedial Classes for Infants and Girls.

Weekly classes in remedials for girls and infants are held at the School Clinic by the woman organiser. The attendances this year showed a marked improvement on last year's average, having risen from 74½% to 81½%. The average duration of treatment is about a term and a half, the time varying in relation to the severity of the handicap and also the ability and will of the parents and children to co-operate by regular daily practice.

The following table summarises the figures for this year:—

<i>Term</i>		<i>% Attendance</i>	<i>Flat Feet</i>		<i>Posture</i>	
			<i>Treated</i>	<i>Discharged</i>	<i>Treated</i>	<i>Discharged</i>
Spring	...	80%	37	23	18	9
Summer	...	81%	35	15	18	8
Autumn	...	84%	35	16	11	7

During the year we have had names of 18 children who did not attend—those whose parents did not wish them to have treatment, or could not bring them owing to other commitments, children who were off due to illness, and the very few who were discharged because of their lack of co-operation in attending regularly. In all possible cases, a place is saved for the sick child, or one whose parent may, after consultation, be able to bring her child at a later date.

Report on Remedial Classes for Boys.

Remedial classes for boys have been held each week during 1953 in the gymnasium at the St. George's R.C. Secondary Modern School. Many parents have attended these sessions as interested spectators in order to gain some knowledge of the type of remedial exercises and activities performed by the children. As a result, the parent is able to supervise efficiently the regular practical periods of remedial work of the child at home.

In the class for boys suffering from flat feet, a total of 63 attended throughout the year and, of these, 41 were discharged after having successfully yielded to treatment, whilst 6 left the class on reaching the school leaving age, and 2 discontinued their attendance by refusal to receive treatment. The attendance at all the sessions was good.

Boys with defective posture attended regularly for remedial exercise. Whilst progress in some cases has been slow, some very satisfactory results have been achieved. Out of a total of 54 boys, 30 were successfully treated and subsequently discharged from the class. 1 boy left on reaching his fifteenth birthday before treatment was completed.

Generally, it has been a satisfactory year with good results from most of the boys and an improved interest in the children by the parents.

SCHOOL CAMPS

Two camps were held during the year.

(1) Haxby Road School Camp, at Robin Hood's Bay, for one week in August. 39 boys and 5 men teachers attended.

(2) York Children's Holiday Camp at Staithes. 47 necessitous boys and girls nominated by head teachers from all the schools were given a week's holiday.

In addition 3 children were sent to the special camps for diabetics held at Etton, near Beverley and Kingsdown, near Deal. These camps are organised by the Diabetic Association.

PROVISION OF MEALS

The percentage of York schoolchildren having their midday meal at school during December, 1953, was 32%, compared with 39% in December, 1952. Of these the number of children receiving free meals remained at about 15%. The partial remission (3d. and 6d.) of the charge for the school meal came into force at the beginning of the Summer Term, with the revised scales governing the granting of free meals.

The following tables show the demand for meals in the different types of schools throughout the year, and the number of free meals provided.

SCHOOL MEALS

Average number supplied daily to children

1953	All Schools (except Grammar)		Grammar Schools.		Total.
	Paid.	Free.	Paid.	Free.	
January ...	3897	672	872	34	5475
February ...	3780	688	803	34	5305
March ...	3366	714	659	35	4774
April ...	3307	664	672	40	4683
May ...	3436	685	626	43	4790
June ...	3290	633	550	38	4511
July ...	3212	633	521	38	4404
August ...	—	—	—	—	—
September ...	3578	611	785	31	5005
October ...	3609	605	770	32	5016
November ...	3682	613	775	35	5105
December ...	3581	617	729	32	4959

Number of meals supplied on payment in 1953 ... 826,096

Number of meals supplied free in 1953 ... 142,669

MEALS SUPPLIED DURING SCHOOL HOLIDAYS

Holiday Periods, 1953	Percentage of Usual Demand.		Number of dinners served.	
	Paid.	Free.	Paid.	Free.
Easter	0·8	26·8	282	1699
Whitsuntide ...	1·0	19·8	206	720
Summer	0·7	24·4	717	4752
October	0·9	23·2	196	739
Christmas	0·4	23·4	134	1067

Percentage of children in attendance taking School Meals during December, 1953 :—

- (a) At all schools 32.0%
- (b) At all schools (excluding Grammar) 30.7%

PROVISION OF MILK

Percentage of children, in attendance, at all schools taking a bottle of milk in school daily at the end of 1953 85.27%

Percentage of children, in attendance, at all schools (excluding Grammar schools) 90.41%

MILK CONSUMPTION

Average number of bottles of milk supplied free daily

1953	Primary Schools	Secondary Modern Schools	Grammar Schools	Further Education	Totals
January	9243	2330	913	74	12560
February	9087	2102	834	71	12094
March	9300	2286	809	71	12466
April ...	9616	2209	831	84	12740
May ...	9852	2180	873	88	12993
June ...	9660	2115	832	86	12693
July ...	9620	2108	806	89	12623
August	39	—	—	105	144
September	9758	2940	1036	87	13821
October	9678	2915	966	89	13648
November	9624	2756	892	89	13361
December	9505	2727	864	87	13183

PROVISION OF CLOTHING AND FOOTWEAR

Clothing and footwear are provided for schoolchildren under Section 5 of the Education (Miscellaneous Provisions) Act, 1948.

	1953.	1952.
No. of children reported by Head Teachers and others as suffering educationally by lack of suitable clothing	313	363
No. of families involved	180	226

Of these 180 families, 12 were found to have incomes above scale and 20 of the 22 children concerned were supplied with clothing and footwear on promise to refund the cost to the Authority.

<i>Items.</i>	<i>Boys.</i>	<i>Girls.</i>
Footwear	201 pairs	119 pairs
Overcoats	13	19
Jackets	51	—
Trousers	67 pairs	—
Socks	6 pairs	—
Underclothing	8 articles	—
Dresses, Tunics, Blouses, etc. ...	—	33
Hosiery	—	1 pair
	<hr/> 346 <hr/>	<hr/> 172 <hr/>

The gross cost of this provision totalled approximately £805 (£990 in 1952); an average expenditure of £2 11s. 4d. per child (£2 14s. 6d. in 1952).

ARRANGEMENTS FOR TREATMENT

The School Health Service under the Education Act provides medical treatment for all schoolchildren in maintained or voluntary aided schools, except in those cases where domiciliary or hospital treatment is required. The Authority works in close co-operation with the family doctor and with the hospital.

The School Clinic is open from 9—6 p.m., Monday and Tuesday; 9—5-30 p.m., Wednesday to Friday; 9—12 noon, Saturday; except on Bank Holidays.

In addition to the treatment of minor ailments, the following defects are dealt with at special clinics :—

Defective vision and squint; ear, nose and throat diseases; orthopædic defects; skin diseases, including ringworm of the scalp; emotional, education and character abnormalities (Child Guidance Clinic); dental troubles, including orthodontic defects; verminous conditions; foot defects needing chiropody; and speech defects.

HOSPITAL TREATMENT

There has been no change in the arrangements for the hospital treatment of schoolchildren during 1953.

The following table gives particulars relating to those children seen at hospital, in respect of whom reports have been received by the School Health Department during 1953 :—

	Total No. of cases	No. of out- patients	No. of in- patients
SKIN DISEASES.			
Ringworm of scalp	—	—	—
Ringworm of body	—	—	—
Warts	12	12	—
Other diseases	19	19	1
TOTALS ...	31	31	1
EAR, NOSE AND THROAT DISEASES.			
Tonsils and Adenoids	666	467	426
Ear conditions	41	39	2
Nasal conditions	38	36	4
Other conditions	66	62	6
TOTALS ...	811	604	438
MEDICAL CONDITIONS.			
Asthma	13	10	3
Cardiac Disease	37	37	1
Chest complaints	101	90	12
Epilepsy	13	9	4
Rheumatism	—	—	—
T. B. cases	7	4	3
Other conditions	124	95	30
TOTALS ...	295	245	53

		Total No. of cases.	No. of out- patients.	No. of in- patients.
SURGICAL CONDITIONS.				
Injuries (casualties, etc.)	...	26	7	19
Orthopædic conditions	...	107	88	20
Glands	...	8	8	—
Cysts	...	1	1	—
Herniæ	...	48	41	15
Undescended testicles	...	24	19	5
Septic conditions	...	12	6	6
Other conditions	...	58	23	37
TOTALS	...	284	193	102
EYE CONDITIONS.				
Eye Diseases	...	9	9	—
Refractions...	...	368	368	—
Squints	...	67	64	3
TOTALS	...	444	441	3
TOTALS, 1953	...	1,865	1,514	597
TOTALS, 1952	...	1,983	1,659	500
TOTALS, 1951	...	1,106	890	371
TOTALS, 1950	...	847	609	238
TOTALS, 1949	...	1,378	1,096	282
TOTALS, 1948	...	2,576	1,960	616

MINOR AILMENT CLINIC

The following table shows the incidence of complaints seen or treated at the Minor Ailment Clinic in Rougier Street during the year.

Disease or Defect	1953	1952	1951	1950	1949	1948
Ringworm of the scalp	—	2	—	2	7	2
Ringworm of body ...	11	15	7	14	23	28
Scabies	—	2	4	8	1	29
Impetigo	55	29	49	93	79	163
Other Skin Diseases	565	572	636	518	469	520
Minor Eye Defects ...	169	234	210	223	245	274
Minor Ear Defects ...	353	259	343	286	298	233
Miscellaneous ...	1807	2147	2117	2102	2169	3332
Totals	2960	3260	3366	3246	3291	4581

The miscellaneous group is made up of such conditions as abrasions, septic conditions, injuries, sore throats, contacts of infectious diseases, chills, etc.

In addition to the minor ailment clinic held at the central premises, clinics are held twice weekly in the new schools with medical units as well as in the Special Schools. Doubtful cases or any case needing more frequent dressings are referred to the central clinic for treatment or advice.

DETAILS OF VARIOUS MINOR AILMENT CLINICS

The following table shows the number of children attending minor ailment clinics throughout the City. The central clinic has a doctor in attendance.

	Central Clinic	Open-Air School	Fulford Special	Derwent	Burnholme	St. George's	Carr Infs.	Carr Jnr.	Beckfield	Westfield
Number of sessions held	300	72	71	72	68	66	68	62	57	61
Average attendance per session ...	27.9	12.3	10.0	11.5	13.5	14.1	8.7	10.0	5.0	7.4
Number of children attending Clinic	2362	99	68	146	242	197	153	125	77	91
Number of attendances ...	8378	886	712	833	921	931	592	624	285	453

OPHTHALMIC CLINIC

The Senior Assistant School Medical Officer, who is a recognised ophthalmic medical practitioner, conducts this clinic by arrangement with the Regional Hospital Board.

During the year 1,238 children attended, making 2,592 attendances. A post-mydriatic test is made on each child refracted. 705 children had spectacles ordered for them, 435 only needing a change of lenses. No spectacles were necessary for 101 children. 9 children did not need to continue wearing spectacles, 60 children with squints were referred to the Orthoptic Clinic. When a child has an obvious squint, it is now referred to the hospital for refraction as well as for orthoptic treatment.

During 1953, 660 children obtained spectacles ordered through the School Clinic; 43 children seen at school medical inspections and needing an ophthalmic investigation, preferred to go to opticians. 8 children examined required a reserve pair of glasses because of the serious nature of their visual defect. These were obtained after reference to hospital. 22 children were referred to the Consultant Ophthalmic Surgeon for a second opinion.

In York there is close co-operation between ophthalmologist, opticians, the Hospital Management Committee, and the School Eye Service. The prescriptions for glasses for schoolchildren ordered at the hospital are sent to the School Clinic for record purposes, and opticians send their prescriptions when asked to do so. After refraction at the School Clinic, the parents are given the option of obtaining the child's glasses from any optician in York. Children who break their glasses (521 during 1953) are sent to the School Clinic for a repair form. They are tested with their old lenses, and unless their vision is satisfactory, are referred for refraction again.

The sister in charge of the Eye Clinic is available most afternoons after school to deal with such breakages.

In 1953, 435 schoolchildren were refracted at hospital. There are many advantages in keeping the supervision and treatment of visual defects amongst schoolchildren centred at the School Clinic. It would be a further advantage if opticians attended such centres to measure children for their glasses and then later for the School Oculist to distribute the glasses after checking them.

The general practitioner is informed when a child on his list is sent to hospital for an ophthalmic investigation.

EAR DISEASES

During the year 352 children have attended the Minor Ailment Clinic, 123 of them having been referred from school medical inspections. 101 of these had discharges from one or both ears; 31 were deaf, 64 had earache, 135 needed syringing for wax, 1 had furunculosis, 7 had catarrhal deafness, and the remainder various complaints. Of the 101 with aural discharges, 54 were successfully treated at the clinic, 6 were referred to hospital, 17 were transferred to their private doctors, 2 left school, 2 left the City, 3 ceased to attend, and the remaining 17 were still receiving treatment at the end of the

year. Of the 31 children seeking treatment for deafness, 14 were successfully treated at the clinic, 14 were referred to hospital, 1 was referred to the private doctor, and 2 recommended for lip-reading lessons.

In all 1,639 attendances were made by children for ear defects.

CONVALESCENT HOLIDAYS

During 1953, 19 children have been sent to convalescent homes by the Health Committee, under Section 28 of the National Health Service Act.

ORTHOPTIC CLINIC

Miss B. Balfour, the Orthoptist, kindly furnished the following details in regard to the Orthoptic Clinic before she left York. The figures are for the period 1st January to 9th October, 1953 :—

Number of new cases	39
Total number of attendances	341
Number of patients seen	104
Number of patients discharged cured :—	
With operation	1
Without operation	4
Number of patients discharged cosmetically cured :—	
With operation	5
Without operation	1
Number of patients refused—Test only—No treatment needed or unsuitable	8
Number of patients who failed to attend	6
<i>Current.</i>	
On treatment	1
On Occlusion	20
On Observation	19
On waiting list for operation	3

CHILDREN WITH MULTIPLE DEFECTS

Excluding children who are both deaf and dumb, there are in York 15 schoolchildren with more than one serious defect or deformity.

The combination of defects are as follows :—

1. E.S.N. with oxycephaly causing deafness.
2. E.S.N. with epilepsy (two cases).
3. E.S.N. with hemiplegia (three cases).
4. E.S.N. with congenital spastic paralysis.
5. E.S.N. with blindness (two cases).
6. Hemiplegia with partial-sightedness.
7. Congenital heart disease and paraplegia.
8. Epilepsy and left hemiplegia (two cases).

9. Hydrocephalus, spina bifida and spastic paralysis of both legs.
10. Epilepsy with right-sided hemi-paresis.

5 of these children are accommodated in the Day Special School (E.S.N.), 2 in a residential school (E.S.N.), 1 in an orthopædic hospital school, 3 in the Day Special School (Del.), 1 in the class for the partially-sighted, 1 is at home, and 2 attend ordinary schools.

EXAMINATIONS OF EDUCATIONALLY SUBNORMAL CHILDREN

The intelligence of 84 children has been tested during the year. 14 of these were recommended for admission to the Day Special School for educationally subnormal children; 13 children were tested before leaving the Special School (E.S.N.); and 12, including 4 from the Ridings, were notified to the Local Authority as needing supervision after leaving school. 8 children who had never attended school, and 3 who were already in attendance, were notified to the Local Authority under Section 3, para. 57, of the Education Act. 1 child tested had to remain at the Occupation Centre; 2 were returned to ordinary schools from the Day Special School (E.S.N.). 2 children were recommended to a residential school for maladjusted children; 1 child to a residential Open Air School; 3 children were recommended to a residential school for E.S.N. children; 4 of the children tested had to remain at the Special School. The 33 other children tested did not require special educational treatment and remained at their ordinary schools.

Great assistance has been given by Miss Johns, the Educational Psychologist, in testing children in schools, in the Child Guidance Clinic and in the Remand Home. Children in whose case a Form 2 H.P. has to be completed for statutory purposes are referred to Miss Johns for completion of Part II of the Form relating to performance tests. There is no apparatus available at present to the School Medical Officers for carrying out these performance tests.

ORTHOPÆDIC CLINICS

Mr. Crockatt, of the Adela Shaw Orthopædic Hospital, Kirbymoorside, held 11 clinics at monthly intervals at Rougier Street during the year.

There were 173 new cases seen and 324 attendances made.

22 children were admitted during the year to the Adela Shaw Hospital for treatment. Reports have been received from the two local hospitals in respect of 107 children seen for orthopædic defects, 20 of whom were admitted for in-patient treatment.

CHIROPODY

Miss F. Long, S.R.N., S.C.M., M.Ch.S., held a weekly clinic for the treatment of chiropodial defects in schoolchildren. 306 children made 1,165 attendances.

The details of the clinic are as follows :—

<i>Complaint.</i>	1953.	1952.
Verrucæ	220	164
Corns	41	27
Other defects	63	96
Total	324	287

42 clinics were held altogether.

EPILEPSY

There are 37 schoolchildren known to be or suspected to be suffering from epilepsy (19 boys and 18 girls). All the children attend York schools and receive treatment from their own doctors, and very few fits take place in school. There was one child at the end of the year awaiting admission to a residential school.

CEREBRAL PALSY

There are 41 cases of cerebral palsy affecting children between the ages of 2 and 16 years known to the department—17 are boys and 24 are girls.

17 of them attend ordinary schools: 3 attend the Day Special School for delicate children; 1 boy attends the Myope Class; 3 attend the Day Special School for educationally-subnormal children; 1 is at home; 3 are at a hospital school; 3 are at a residential school for physically-handicapped children; 1 is at a residential special school; 9 have been notified to the Local Authority as ineducable.

POLIOMYELITIS

4 cases amongst schoolchildren were reported; 2 had residual paralysis.

MISCELLANEOUS EXAMINATIONS

Number of staff examined	...	...	...	...	102
Number of entrants to Training College	...	...	...	...	55
Boys examined prior to Boxing Tournaments	...	...	...	...	392
Children examined re part-time employment	...	...	...	...	327
Children examined before going to camp	...	...	...	...	115
Children examined before being boarded out	...	...	...	...	17
Children examined prior to admission to Residential Schools,					
etc.	...	...	...	...	27

Employment of Young Persons. Medical history of 49 children recorded for use of Youth Employment Officer.

BACTERIOLOGICAL INVESTIGATIONS

57 swabs were taken from 42 children during the year; of these 20 showed the presence of hæmolytic streptococci and 9 had a growth of staphylococcus pyogenes.

REMAND HOME

The Ashbank Remand Home, under the control of the Children Committee, has medical services provided by the School Health Department, the Children Committee reimbursing the Education Committee.

Each boy is medically inspected within twenty-four hours of admission and discharge. The Educational Psychologist tests each boy before the magistrates decide on his disposal, and in some cases the child psychiatrist submits a report for the guidance of the Court. Of 102 boys admitted during the year, 54 belonged to York. The average length of stay was 24 days; the longest stay 207 days.

I.Q. range of 43 boys tested at the York Child Guidance Clinic who have been to Ashbank during 1953 :—

<i>I.Q. Ranges.</i>						<i>No.</i>
50-60	...	...	...	...	...	1
61-70	...	...	...	...	...	1
71-80	...	...	...	...	...	6
81-90	...	...	...	...	...	13
91-100	...	...	...	...	...	11
101-110	...	...	...	...	...	5
111-120	...	...	...	...	...	4
121 and over	...	...	...	...	...	2

The good health combined with the good discipline found in the Home are largely due to the efforts of the Warden and his wife, who work unremittingly for the good of their charges.

THE CHILD GUIDANCE CLINIC

This clinic now has a full team of workers, psychiatrist, educational psychologist and psychiatric social worker. The Regional Hospital Board reimburse the Local Education Authority the salary of the part-time psychiatrist.

FIGURES FOR THE YEAR ENDED 31st DECEMBER, 1953

	YORK			ELSEWHERE			TOTAL 1953	TOTAL 1952
	Boys	Girls	Total	Boys	Girls	Total		
A. CASES INTERVIEWED:								
Brought forward from 1952	75	49	124	2	—	2	126	83
Registered during 1953 ...	279	126	405	15	1	16	421	284
Closed during 1953 ...	239	127	366	16	—	16	382	241
Carried forward on 31.12.53	115	48	163	1	1	2	165	126
On Waiting list 31.12.53	19	13	32	—	—	—	32	131
B. NEW REGISTRATIONS:								
School Medical Dept. ...	24	14	38	1	—	1	39	38
Hospitals, Medical Practitioners ...	10	5	15	1	—	1	16	12
Education Dept. ...	4	—	4	—	—	—	4	6
Head Teachers ...	198	91	289	—	—	—	289	175
Prob. Officers, etc. ...	14	2	16	13	—	13	29	34
Children's Department	6	2	8	—	1	1	9	5
Parents ...	9	5	14	—	—	—	14	10
Others (including Speech Therapist ...)	14	7	21	—	—	—	21	4
TOTAL ...	279	126	405	15	1	16	421	284
C. CLOSURES:								
Psychological only ...	153	70	223	—	—	—	223	169
Consultations ...	53	33	86	15	—	15	101	5
Treatment ...	31	22	53	1	—	1	54	67
Social Service ...	2	2	4	—	—	—	4	—
TOTAL ...	239	127	366	16	1	16	382	241
D. APPOINTMENTS KEPT:								
Clinic, Schools and Remand Home ...	2778			56			2834	2245
E. VISITS OF ENQUIRY PAID TO HOMES AND SCHOOLS:	687			—			687	370

ANALYSIS OF 125 CHILDREN (84 boys and 41 girls) TREATED BY PSYCHIATRIST IN 1953

Classification according to Main Symptom.	C/fwd. from Admitted				Total.
	1952.		in 1953.		
	Boys.	Girls.	Boys.	Girls.	
1. Delinquency (lying, stealing, sex mis- demeanour, including 21 court cases)	8	3	16	2	29
2. Truancy (refusal to go to school) ...	1	—	1	—	2
3. Behaviour disorders (out of control, aggressive, defiant, negativistic) ...	11	13	10	3	37
4. Nervous and neurotic manifestations ...	4	7	9	4	24
5. Psychosomatic disorders (functional pains, fainting, asthma, dermatitis, enuresis, soiling)	6	5	5	2	18
6. Educational backwardness and/or general immaturity	3	1	10	—	14
7. Physical defect	—	—	—	1	1
Total ...	33	29	51	12	125

Classification according to <i>Ætiology</i> .		<i>C/fwd. from Admitted</i>				
		1952.		<i>in</i> 1953.		<i>Total.</i>
		<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	
I. <i>Primarily in the Child:</i>						
1.	<i>Organic defects or disorders</i> (injury of the Central Nervous system, epilepsy, post-meningeal, post-encephalic, spastic condition)	2	4	3	1	10
2.	<i>Intellectual Retardation</i>	—	1	2	—	3
3.	<i>Emotional Instability</i> or Temperamental Abnormalities, including psychopathic or inadequate personalities	7	9	6	2	24
4.	<i>Emotional reactive processes:</i>					
	(a) Mental conflicts	10	5	14	4	33
	(b) Anti-social and/or affectionless personality	4	1	4	—	9
	(c) Traumatic experiences, including early separation	3	2	5	2	12
II. <i>Primarily in the Environment:</i>						
1.	Faulty family relationships	2	4	9	2	17
2.	Inadequate environment	5	3	7	1	16
3.	School	—	—	1	—	1
Total ...		33	29	51	12	125

Most children present more than one symptom, *e.g.*, Bedwetting, which occurred 21 times, was the predominant symptom in only two cases; associated with Behaviour problems it was found in 7 children; with Delinquency 3 times; with Nervous Symptoms 7 times; with other Psychosomatic Disorders once; and with Immaturity once.

There is also almost always an interaction of several ætiological factors. Any classification must therefore necessarily give a simplified picture.

Children.

C. TREATED IN 1953—125 children.

Brought forward from 1952	...	...	...	62
Admitted in 1953	...	...	...	63
Discharged in 1953	...	...	...	56
Carried Forward to 1954	...	...	...	69

D. STATUS ON CLOSURE.

Seen for Diagnosis and placement	...	...	12
Improved after treatment	...	...	18
Very well adjusted	...	...	5
Little or no improvement	...	...	6

Discontinued:

(a) Lack of co-operation (of parent or child)	3
(b) Moved to other area	5
(c) Placed in Special or Approved Schools	7

E. DISTRIBUTION OF INTELLIGENCE.

I.Q. 65 or under	2	} 21.6%
66-75	...	...	...	...	6
76-85	...	...	...	...	19
86-95	28	} 63.2%
96-105	...	...	...	...	29
106-115	...	...	...	...	22
116-125	11	} 15.2%
126-135	...	...	...	...	2
136 or over	...	...	...	...	6

SPEECH THERAPY CLINIC

This clinic, under the able direction of Miss B. Z. Black, L.C.S.T., is held in the Old Priory Adult School. I am indebted to her for the following account of her work :—

Average appointments kept weekly	...	...	95
Average appointments kept weekly at school	56	}	
Average appointments kept weekly at clinic	39		
No. of children on waiting list 31.12.53	...	...	70
No. of children under treatment 31.12.53	...	...	69
No. of children discharged cured during year	...	...	39
No. of children discharged for other reasons	...	...	20

Figures for the year under headings of defects :—

		<i>Treated.</i>	<i>Still attending.</i>	<i>Dis- charged cured.</i>	<i>Dis- charged other reasons.</i>
Stammerers ...	...	42	25	12	5
Dysphonics ...	...	3	2	—	1
Cleft Palates ...	...	6	3	3	—
Dyslalics ...	...	75	38	23	14
Undeveloped Speech		2	1	1	—

“*Other reasons for discharge*” were (a) left school; (b) awaiting growth of dentition; (c) referred to Child Guidance Clinic; (d) non co-operation of parent.

During the year morning sessions held at two primary schools for two terms each have proved most successful. It has been possible to treat a larger number of children (14 are being seen on an average of four times a week at these morning clinics) as a result of their being treated on the school premises. It has proved especially beneficial in the treatment of those young children only recently admitted to school where a weekly visit to the speech clinic, in addition to the unaccustomed routine of school, has made them resistant to treatment. It has been possible, by using this method of intensive speech therapy for short periods only, in the school, to treat children who would otherwise have had to wait, perhaps a year, before they were ready to benefit from treatment. Patients were again encouraged to visit the Speech Clinic daily throughout the school holidays.

An eleven year old boy with retarded speech is receiving daily treatment at the clinic, as his parents are unwilling for him to attend the residential school for children with speech defects.

Fortnightly visits have been paid to the Occupation Centre when there is a teacher available to be shown the exercises for the three cases under treatment—one spastic, one cleft palate, and one case of entirely undeveloped speech.

FAMILY SERVICE UNIT

Mr. Edwin Clarke, one of the three case-workers with the Unit, has sent the following report on the work :—

The Unit continues to play a supporting role in those families nearing a point of social breakdown. Intensive work has been done in a number of cases, particularly in those where the major causative factor is either the low mentality of the mother or her poor health, or both. Some general improvement has been observed whilst other cases have reached the highest standard that their potentials will allow and continued supervision is essential.

Case Work. During the year the Unit had under its supervision 32 families, involving 122 children (72 of school age), 10 cases were closed and 6 referrals accepted. The work involved 1,852 visits and 594 contacts with officials. The Unit was responsible for sending 2 mothers and their children to the new recuperative centre at Spofforth Hall for one month each. The Unit continued

to work in close co-operation with the various Local Authority Departments and has been particularly successful in re-housing a number of families under Part III of the National Assistance Act.

Camp. Owing to the immense amount of work involved in establishing residential premises for the Unit, it was found impossible to organise the usual Summer camp for children.

N.S.P.C.C.

Inspector Blackham, the local representative of the National Society for the Prevention of Cruelty to Children, has provided me with the following information relating to York schoolchildren :—

Number of children investigated : 134—76 boys; 58 girls.

Number of people involved : 94—42 males; 52 females.

Number of cases of :—

Neglect	...	...	...	...	...	48
Ill treatment	...	...	...	...	...	2
Assault	...	...	...	...	...	2
Advice sought	...	...	...	...	...	20
Other wrongs	...	...	...	...	...	2

How dealt with :—

Warned by Officer	...	...	...	...	45
Advised	...	...	...	...	23
Prosecuted and convicted	...	...	...	...	1
Dealt with in Juvenile Courts	...	...	...	...	2 (5 children committed to Fit Persons)

Otherwise dealt with 3

Cases closed as satisfactory 44

Cases remaining under supervision 30

Number of supervisory visits 325

Results of cases remaining under supervision from 1952 :—2 cases went to Juvenile Court, the child in each case was committed to Local Authority. 12 cases still under supervision, others closed.

BOXING TOURNAMENTS

These contests are organised amongst the senior boys' departments in and around the City. Before entering the boxing ring each boy is medically examined to see if he is fit to fight. During the year the School Medical Officers examined 392 boys in this connection.

DEATHS AMONG SCHOOLCHILDREN

There were 5 deaths amongst schoolchildren during 1953. The causes were as follows :—

Accidents and Violence	...	...	...	...	3
Malignant Neoplasm	...	...	...	...	1
Aplastic Anæmia	...	...	...	...	1

YORK SCHOOLS' ATHLETIC ASSOCIATION

The work of this Association, in all forms of school sport, continues to make a valuable contribution to the maintenance of the health of the boys and girls in all maintained schools.

SUMMARY OF WORK DONE, 1953

Periodic Medical Inspections:

Primary and Secondary Modern School Children	...	4,800	
		—	4,800

Other Periodic Inspections:

Primary and Secondary Modern School Children	...	1,475	
Grammar School Children	... ..	1,052	
		—	2,527

Other Inspections:

Special Inspections	... ..	6,341	
Re-Inspections	... ..	3,506	
		—	9,847

Total		17,174
-------	--------	--	--------

Periodic Dental Inspections	... ..	5,250
Special Dental Inspections	... ..	1,543
Number of children treated by School Dental Surgeons	...	2,473

Number of Attendances at Clinics :

Minor Ailments (at Rougier Street)	...	...	...	6,739
Open Air School Clinic	...	...	...	886
Fulford Road Special School Clinic	...	...	...	712
Derwent Clinic	...	...	...	833
Burnholme School Clinic	...	...	...	921
St. George's School Clinic	...	...	...	931
Carr Infants' School Clinic	...	...	...	592
Carr Junior School Clinic	...	...	...	624
Beckfield School Clinic	...	...	...	285
Westfield School Clinic	...	...	...	453
Ophthalmic Clinic	...	...	...	2,592
Ear Clinic	...	...	...	1,639
Orthopædic Clinic	...	...	...	324
Orthodontic Clinic	...	...	...	289
Dental Clinic	...	...	...	5,781
Chiropody Clinic	...	...	...	1,165
Examination of backward children	...	...	...	84
				24,850

Total	24,850
-------	--------	--------

Number of Inspections by School Nursing Sisters for uncleanness		39,659
Number of home visits made by School Nursing Sisters	... ..	1,030
Number of visits to schools by School Nursing Sisters	... ..	2,113
Number of "follow-up" cases	... ..	2,290

COST OF SCHOOL HEALTH SERVICE

The expenditure in respect of the School Health Service has not changed much over the last few years as the following figures show :—

	1953.	1952.	1951.
	£	£	£
Gross Cost of School Health Service ...	16,286	16,555	16,440
Government Grant	9,772	9,933	9,864
Net Cost of School Health Service to Rates	6,514	6,622	6,576
Amount produced by 1d. Rate	3,040	2,958	2,916
Net Cost to Rates in terms of a penny rate	2.14d.	2.24d.	2.25d.

REPORT ON THE SCHOOL DENTAL SERVICE

I am indebted to Mr. Graham Turner, Principal School Dental Officer, for the following report :—

The work during 1953 was handicapped by shortage of staff. Mrs. M. B. Barnitt resigned on 2nd April, returning in October for two sessions each week. Repeated advertisements for an Assistant Dental Officer produced no applicants. The Education Committee then advertised the post with housing accommodation, following which Mr. C. H. Thomas, B.D.S., was appointed on 30th December.

Due to the lower staffing the amount of work carried out during the year, and not only the amount of work but also the unit total of work per session dropped from 34.4 to 27.4.

Unit total is calculated by counting a filling as 3 units and all other operations as one. The reason for this marked drop is that whilst the number of casualls remained almost constant over the last two years, the ratio of dentists to casualls was lower. Most casualls attend with toothache, and hence must be treated, inevitably this means less time is available for conservative work. This situation will continue in greater or lesser degree until the full establishment of three dentists is reached. Even with three full-time dentists, the dental service would still be understaffed, since in an urban area, one dentist can only care for 3,000-3,500 children. The situation as regards extractions was eased by the appointment of Dr. Yuill as anæsthetist.

During the year 6,793 children were inspected, and 4,833 found to require treatment; this figure of 71% was the same as in the previous year. It is suggested that this figure would have risen if the private dentists had not been able to attend to more schoolchildren than in previous years. It was thought that, due to more children attending private dentists, we had seen less grossly septic mouths during the year than previously.

Less time was devoted to orthodontic work, and 30 appliances were fitted as compared with 120 in the previous year. Only the grosser cases of abnormality were treated. 29 dentures were fitted, one of these being a full denture.

It is hoped that with better staffing it will be possible to carry out a routine inspection of schoolchildren annually.

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

RETURN MADE TO MINISTRY OF EDUCATION FOR
YEAR ENDED 31ST DECEMBER, 1953

I. STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance).

Principal School Medical Officer : DR. CATHERINE B. CRANE.
Principal School Dental Officer : GRAHAM TURNER.

	Number	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(a) Medical Officers (including the Principal School Medical Officer)		
(i) whole-time School Health Service	3	3
(ii) whole-time School Health and Local Health Services ...	1	0.10
(iii) general practitioners working part-time in the School Health Service ...	—	—
(b) Dental Officers (including the Principal School Dental Officer)	2	1.18
(c) Physiotherapists, Speech Therapists, etc. (specify)		
Speech Therapist	1	1
(d) School Nurses	6	6
No. of the above who hold a Health Visitor's Certificate	1	—
(e) Nursing Assistants	2	2
(f) Dental Attendants	2	2

II. NUMBER OF SCHOOL CLINICS 1

A certain amount of minor ailment treatment is carried out in the Medical Inspection Rooms at 9 schools.

III TYPE OF EXAMINATION AND/OR TREATMENT PROVIDED.

Examination and/or treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
(a) Minor ailment and other non-specialist examination or treatment	10	—
(b) Dental	1	—
(c) Ophthalmic	—	1
(d) Ear, Nose and Throat	—	—
(e) Orthopædic	1	—
(f) Pædiatric	—	—
(g) Speech Therapy	1	—
(h) Others (Specify) :—		
Chiropody... ..	1	—
Remedial exercises carried out by the Organisers of Physical Education	2	—

IV. CHILD GUIDANCE CENTRES.

Number of Child Guidance Centres provided by the Authority : 1

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	0.55
Educational Psychologists	1	1
Psychiatric Social Workers	1	1
Pædiatricians, Play Therapists, Social workers, etc. (excluding Clerks)	—	—

The Psychiatrist is employed by arrangements with the Regional Hospital Board.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

	(1) Blind (2) Par- tially sighted		(3) Deaf (4) Par- tially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub- normal (8) Mal- adjusted		(9) Epi- leptic	(10) TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec., 1953										
A. Handicapped Pupils <i>newly</i> <i>placed</i> in Special Schools or Board- ing Homes ...	—	1	—	—	40	6	16	1	—	64
B. Handicapped Pupils <i>newly</i> <i>ascertained</i> as requiring educa- tion at Special Schools or boarding in Homes	1	1	—	—	49	7	15	2	1	76
On or about December 1st 1953										
C. Number of Handi- capped Pupils from the area—										
(i) attending Special Schools as—										
(a) Day Pupils ...	—	6	—	—	84	10	83	—	—	183
(b) Boarding Pupils	1	1	10	—	2	5	6	3	—	28
(ii) attending independent schools under arrangements made by the Authority ...	1	—	—	—	—	—	—	1	—	2
(iii) Boarded in Homes and not already included under (i) or (ii)	—	—	—	—	—	—	—	—	—	—
TOTAL (C) ...	2	7	10	—	86	15	89	4	—	213

	(1) Blind (2) Par- tially sighted		(3) Deaf (4) Par- tially Deaf		(5) Deli- cate (6) Physi- cally Handi- capped		(7) Educa- tionally sub- normal (8) Mal- adjusted		(9) Epi- leptic	(10) TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals	—	—	—	—	—	—	—	—	—	—
(ii) elsewhere ...	—	—	—	—	—	1	—	—	—	1
E. Number of Handicapped Pupils from the area requiring places in special schools	1	—	—	—	6	1	3	—	1	12

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school, in the financial year ended 31st March, 1953 £177 9s. 0d.

Number of children reported during the year:—

(a) under Section 57(3) (excluding any returned under (b))	11
(b) „ „ „ relying on Section 57(4)	—
(c) „ „ 57(5)	8
of the Education Act, 1944	

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1953.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	...	2126
Second Age Group	...	...	...	...	...	...	1516
Third Age Group	...	...	...	...	...	...	1158
Total	...	...	...	...	...	...	4800
Number of other Periodic Inspections	...	...	...	...	...	...	2527
Grand Total	...	...	...	...	...	...	7327

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	6341
Number of Re-Inspections	...	...	...	...	...	3506
Total	...	...	...	...	...	9847

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total Individual Pupils.
(1)	(2)	(3)	(4)
Entrants ...	58	356	400
Second Age Group ...	74	283	343
Third Age Group ...	39	210	242
Total (prescribed groups) ...	171	849	985
Other Periodic Inspections ...	158	473	609
Grand Total ...	329	1322	1594

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1953.

Defect Code No.	Defect or Disease.	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	389	212	431	21
5	Eyes—				
	a. Vision	329	593	638	239
	b. Squint	38	69	39	10
	c. Other	40	25	113	7
6	Ears—				
	a. Hearing... ..	74	83	2131	10
	b. Otitis Media	57	91	98	12
	c. Other	197	38	127	11
7	Nose or Throat	199	594	194	171
8	Speech	26	69	34	26
9	Cervical Glands	9	317	8	75
10	Heart and Circulation	12	170	2	66
11	Lungs	67	372	48	69
12	Developmental—				
	a. Hernia	45	60	4	22
	b. Other	47	290	11	79
13	Orthopædic—				
	a. Posture	48	154	34	28
	b. Flat Foot	134	125	84	34
	c. Other	86	456	103	154
14	Nervous System—				
	a. Epilepsy	6	16	2	2
	b. Other	—	21	—	1
15	Psychological—				
	a. Development	—	111	1	4
	b. Stability	19	487	12	85
16	Other	45	131	824	27

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)	(7)	(8)
(1)	(2)						
Entrants	2126	460	21.6	1613	75.8	53	2.5
Second Age Group	1516	386	25.5	1102	72.7	28	1.8
Third Age Group	1158	364	31.4	783	67.6	11	0.9
Other Periodic Inspections	2527	785	31.0	1691	66.9	51	2.0
Total	7327	1995	27.2	5189	70.8	143	1.9

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	...	...	...	...	...	...	39,659
(ii) Total number of individual pupils found to be infested	...	...					393
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...			—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...				—

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	13	—
Scabies	—	3
Impetigo	77	22
Other skin diseases	1225	79
Total	1315	104

GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	314	88
Errors of refraction (including squint)	—	1700
Total	314	1788
Number of pupils for whom spectacles were:—		
(a) prescribed	—	904
(b) obtained	—	859

GROUP 3—DISEASES AND DEFECTS OF EAR, NOSE & THROAT

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	—	2
(b) for adenoids and chronic tonsillitis ...	—	426
(c) for other nose and throat conditions ...	—	10
Received other forms of treatment	627	1085
Total	627	1523

GROUP 4—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	42	
	by the Authority	otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments	460	89

GROUP 5—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics	141	—

GROUP 6—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	128	—

GROUP 7—OTHER TREATMENT GIVEN.

					Number of cases treated	
					by the Authority	otherwise
(a)	Miscellaneous minor ailments	...			2743	192
(b)	Other than (a) above (specify)					
1.	Chiropody	...	...	...	306	—
2.	Medical Conditions	...	...	...	—	1535
3.	Surgical Conditions	...	...	...	—	186
4.	U.V.L. Treatment	...	...	...	73	—
5.	Orthodontic	...	...	...	37	—
Total					3159	1913

TABLE V.
DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY

1.	Number of pupils inspected by the Authority's Dental Officers:—							
	(a)	Periodic	...	...	...	...	...	5,250
	(b)	Specials	...	...	...	...	...	1,543
							Totals (1)	<u>6,793</u>
2.	Number found to require treatment ...							
3.	Number referred for treatment ...							
4.	Number actually treated ...							
5.	Attendances made by pupils for treatment ...							
6.	Half-days devoted to:—							
	Inspection	...	...	...	...	...	...	15
	Treatment	...	...	...	...	...	...	495
							Totals (6)	<u>510</u>
7.	Fillings:—							
	Permanent Teeth	...	...	...	...	...	...	2,174
	Temporary Teeth	...	...	...	...	...	...	71
							Totals (7)	<u>2,245</u>
8.	Number of Teeth filled:—							
	Permanent Teeth	...	...	...	...	...	...	2,049
	Temporary Teeth	...	...	...	...	...	...	58
							Totals (8)	<u>2,107</u>
9.	Extractions:—							
	Permanent Teeth	...	...	...	...	...	...	1,133
	Temporary Teeth	...	...	...	...	...	...	3,419
							Totals (9)	<u>4,552</u>
10.	Administration of general anæsthetics for extraction ...							
11.	Other operations:—							
	Permanent Teeth	...	...	...	...	...	...	835
	Temporary Teeth	...	...	...	...	...	...	15
							Totals (11)	<u>850</u>